He had been quite well until the evening of Dec. 9, when he suddenly felt tired, shivery, and generally "out of sorts," and complained of sore throat and pains in both shoulders and upper arms. Next day these symptoms were still present, with frontal headache and dizziness on moving about. On Dec. 11 he started to get pains and stiffness in the knees, ankles, wrists, and elbows. He noticed that his left knee was swollen. He vomited twice that day. On admission to hospital he felt weak and ill, his throat was still sore, and the joint pains were still severe. He had also constant dull pain in the precordial area. His appetite, normally good, had been poor since the onset of symptoms and he had become constipated. There was no cough or sputum; nor were there any urinary symptoms.

On examination he was flushed and ill, the tongue was moist and coated, and the throat slightly injected. The mucosae were normal. No rash, no palpable nodes, and no cyanosis or clubbing were present. The temperature was 100° F. (37.8° C.), pulse 94, and respirations 20. The heart was not clinically enlarged. The heart sounds were normal at all areas; there were no murmurs. The blood pressure was 130/75.

Respiratory system: no dullness; sounds vesicular all areas; no adventitious sounds. The abdomen was lax, with some tenderness in the left upper quadrant. The liver, spleen, and kidneys were not palpable. The central nervous system showed no disease. There was pain on passive movement of wrists, elbows, knees, and ankles, with redness and swelling of the left knee. The urine showed no abnormality. On *x*-ray examination the heart and lungs appeared normal. White blood cells numbered 7,300 (N. 77%, L. 18%, M. 3%, E. 1%, B. 1%). Acute rheumatism was diagnosed and salicylate therapy started.

Progress.—The joint symptoms responded to salicylates, and after the first few days in hospital the patient was free of joint pains and stiffness. The pyrexia, however, gradually increased. On Dec. 17 a pericardial friction rub was audible over the greater part of the cardiac area. The temperature was 102° F. (38.9° C.). On Dec. 19 the area of cardiac dullness had increased and the rub had disappeared. *X*-ray examination confirmed gross cardiac enlargement with pericardial effusion. By Dec. 20 the pyrexia had become remittent in type, reaching 104–105° F. (40–40.6° C.) each evening. White blood cells numbered 21,000 (N. 89%, L. 9%, M. 2%).

On Dec. 23 blood culture was sterile. Agglutination tests for the enteric group of organisms and *Brucella abortus* and *Brucella melitensis* were negative. Pericardial puncture yielded 20 ml. of evenly blood-stained serous fluid. Films showed lymphocytes and polymorphs in equal numbers, and no organisms. Culture was sterile.

Despite negative findings it was deemed advisable to start penicillin therapy—50,000 units three-hourly. There was no response to chemotherapy. The temperature continued to swing, reaching 106.4° F. (41.3° C.) on Dec. 25 and 109.2° F. on Dec. 26. Immediate cold sponging and the application of ice-bags lowered the temperature to 105° C. (40.6° F.) within fifteen minutes.

On Jan. 2, 1948, the patient was unable to take fluids and became very dehydrated. Chlorides disappeared from the urine.

X-ray examination showed gross pericardial effusion hiding the lung as far up as the second rib anteriorly, with opacity of the lung above, due to collapse. He was given intravenous saline and by Jan. 5 the dehydration had improved and he was again taking fluids orally. Further needling of the pericardium yielded similar blood-stained fluid containing a moderate number of white blood cells, mainly lymphocytes. Both these specimens gave no growth on culture for acid-fast bacilli. From this date the temperature gradually fell from 103–105° F. (39.4–40.6° C.) to normal.

On Jan. 15 *x*-ray examination showed some diminution of the heart shadow and there was a definite improvement in the general condition. Blood examination showed: red cells, 2,560,000; Hb, 8 g. %; M.C.H., 31 $\gamma\gamma$; white cells, 5,900 (N. 51%, L. 42%, M. 7%).

Convalescence continued satisfactory over the next four months, apart from a marked degree of anaemia which responded slowly to iron therapy. On May 10 the patient was transferred to a hospital near his home. His general condition was excellent and he had put on a considerable amount of weight. Clinically the heart was not enlarged, the heart sounds were normal, and no murmurs were audible. A radiograph showed the heart shadow to be within normal limits. The B.S.R. was 28 mm./hr. Blood examination showed: red cells, 4,300,000; Hb, 10.7 g. %; M.C.H., 22 $\gamma\gamma$; white cells, 9,400 (N. 62%, L. 31%, M. 5%, E. 2%).

I am indebted to Lieutenant-Colonel E. H. P. Lassen, R.A.M.C., for permission to publish this case, and to Major T. B. S. Dick, late R.A.M.C., for assistance and advice.

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Self-castration

The following case seems to be rare enough to justify publication.

CASE REPORT

A man aged 34 was brought to the casualty department by ambulance on July 10, 1947, at 8.50 p.m. He stated that he had removed both his testicles with a razor two hours previously: he was an epileptic, and had been told that castration would effect a cure. He appeared to be healthy and robust, and in complete possession of his senses. He had a severe lacerated wound of the scrotum, which was not bleeding very severely. He was not at all shocked, and was very garrulous. He seemed quite well satisfied with his action, which he had been contemplating for some time. This was evidenced by such statements as, "Well, I have done it now, doctor."

On examination the scrotum had a large lacerated wound on the anterior wall, which had been literally ripped open. Both compartments of the scrotum were filled with blood clot, making it difficult to assess the amount of trauma to the cord and soft tissues. He had his testicles in a small cloth bag, which he stated was his "money bag," and this was rolled up in the front of his vest. He produced these with an air of great satisfaction. The calmness with which his actions were performed was very remarkable.

In order to gain sanction for the necessary operation the patient was solemnly asked if he would sign the following statement: "I ..... state that I cut my testicles out to-night with a razor blade, and I consent to an operation." This was done before operation to provide legal cover in the even of any subsequent action after the patient had realized his deformity.

At operation the lacerated ends and the bleeding-points of the spermatic cord were secured and ligated and the scrotum was closed with a small drainage-tube. He was treated with penicillin and made a good recovery from the effects of the operation. The wound healed within two weeks.

In view of the comment excited by the case, and as he was obviously an undesirable patient to keep in the general ward of a hospital—he made no secret of his act, and was indeed rather proud of himself—he was transferred to the county mental home next day. He was subsequently shown at a clinical meeting, when his attitude had not changed. Up to the time when last seen (July, 1948) he had had two fits, but was under suitable mental treatment.

R. D. N. BISSET, F.R.C.S., D.A.

According to the *Manchester Guardian* a report presented to the Leeds Executive Council showed that during the first nine months of the National Health Service in Leeds the general medical services cost £372,094, prescriptions £224,097, general dental services £280,751, ophthalmic services £173,397, and administration £15,670. The total expenditure of more than one million pounds was equal to £2 a head of the population. The 484,000 people on doctors' lists shared more than two million prescriptions, obtained 35,500 pairs of glasses, had 75,000 sight tests, and paid 48,663 visits to the dentists.